

# CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE ENROLLMENT FORM

Your day care Provider participates in the Child and Adult Care Food Program. This program extends the benefits of the National School Lunch Program to children in Family Day Care Homes. Because your Provider cares about good nutrition, s/he has chosen the benefits of the Child and Adult Care Food Program for their Family Day Care home.

Under the regulations of the Child and Adult Care Food Program, your Provider may not charge for the meals served and claimed for reimbursement. In addition, the Provider may not ask you to supply food for your child to claim for reimbursement under CACFP. Day care fees charged by your Provider cover the care of your child and other food costs not claimed for reimbursed under the Child and Adult Care Food Program.

**A diet statement from your doctor is needed if your child is unable to consume food components required by the Child and Adult Care Food Program.** The statement allows your child to participate in the Child and Adult Care Food Program and maintain the diet prescribed by your doctor.

Please complete the following to verify that your child is enrolled in the Provider's home for day care services.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Hours of Care</u> <small>(From - To)</small>	<u>Days Of Care</u> <small>(Circle All That Apply)</small>	<u>Meals Requested</u> <small>(Circle All That Apply)</small>
_____	_____	_____ - _____	M T W TR F S SU	B A L P D E
_____	_____	_____ - _____	M T W TR F S SU	B A L P D E
_____	_____	_____ - _____	M T W TR F S SU	B A L P D E

  

<b>M</b> = Monday	<b>T</b> =Tuesday	<b>W</b> =Wednesday	<b>TR</b> =Thursday	<b>F</b> =Friday	<b>S</b> =Saturday	<b>SU</b> =Sunday
<b>B</b> =Breakfast	<b>A</b> =AM Supplement	<b>L</b> =Lunch	<b>P</b> =PM Supplement	<b>D</b> =Dinner	<b>E</b> =Evening Supplement	

Race/Ethnic Identity: *(Optional)*

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> Other: Specify
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I, \_\_\_\_\_ do not wish to enroll my child into the Child and Adult Care Food Program.

I certify that I have read and understood the policy and requirements for my child's participation in the Child and Adult Care Food Program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Provider's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

### ALL INFORMATION IS CONFIDENTIAL

*The Child and Adult Care Food Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.) To file a complaint, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usdagov/complaint\\_filing\\_cust.html](http://www.ascr.usdagov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form; or you may send your completed complaint form or letter by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, or have hearing or speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.*